

An EU cardiovascular diseases strategy

2025/2132(INI) - 16/09/2026 - Text adopted by Parliament, single reading

The European Parliament adopted by 545 votes to 47, with 75 abstentions, a resolution on an EU cardiovascular diseases strategy.

Cardiovascular diseases remain the leading cause of death in the EU, accounting for approximately 1.7 million deaths each year. In the EU, 62 million people suffer from cardiovascular diseases, and nearly 13 million new cases of cardiovascular disease occur annually.

Prevention

Parliament stressed that effective prevention of cardiovascular disease begins in early childhood, continues throughout life, and requires **early and sustained action**. Combatting obesity from a young age is essential to reducing the risk of developing cardiovascular disease later in life.

Members asserted that Europe's response to cardiovascular disease must shift decisively from an approach primarily focused on acute care to an **integrated, lifelong prevention-oriented approach**. They called on the Commission to adopt a **horizontal EU prevention plan** to address all risk factors for non-communicable diseases and demanded a **coordinated prevention approach** of cardiovascular disease and its interconnected risk factors and comorbidities.

Member States and the Commission are encouraged to:

- promote **awareness campaigns** to strengthen knowledge about health and cardiovascular diseases throughout life, including early symptom recognition, basic life-saving skills;
- put in place practical measures to **support long-term adherence to treatment**, including patient-centred treatment optimisation;
- strengthen **first aid education** and rapid response capacity for medical emergencies.

Parliament has encouraged the use of **health promotion programmes, education initiatives, vaccination campaigns, and labelling** to improve consumer information, empowerment, and protection. These measures should complement public health policies promoting healthier food environments, recognising that effective health prevention requires addressing broader socio-economic factors while empowering citizens to make informed choices.

The resolution called on the Council to adopt Council recommendations on **comprehensive and evidence-based health education in schools**, including knowledge about cardiovascular health and awareness of risk factors. Member States are urged to take measures to reduce children's and adolescents' exposure to advertising for products that may contribute to the development of heart disease, including in the digital environment.

Regarding **false and misleading health claims**, Members called for an improved, evidence-based regulatory framework to ensure that any communication to consumers about products that may increase cardiovascular risk factors is based on independent scientific evidence, is subject to appropriate monitoring, and does not mislead consumers about cardiovascular risks.

In general, Parliament has called for **comprehensive public policies** addressing nutrition, working conditions, work-life balance, transport, physical activity, education and environmental protection.

Risk factors

Parliament emphasised the importance of:

- strong regulatory measures to limit the accessibility, affordability, use and attractiveness of various smoking devices and **nicotine and tobacco** products;
- adopting a clear approach to preventing **alcohol consumption**;
- putting in place ambitious cross-cutting policies to eliminate **drug** use in Europe;
- promoting a **balanced diet and physical activity** by reducing sedentary behaviour;
- measures to improve the food environment, including **front-of-pack nutritional labelling**;
- continuing funding the scheme to promote the **consumption of fruits, vegetables and milk at school** in response to the alarming increase in childhood obesity;
- guaranteeing the availability of **fresh, natural and seasonal produce** for school and public canteens.

Parliament also recommended addressing:

- **the socio-economic determinants** of cardiovascular health (income inequalities, job insecurity, housing conditions, education level, gender and environmental exposure) both at national level and at Union level through the effective implementation of current EU frameworks;
- **environmental determinants**, including air and noise pollution, soil and water pollution, exposure to extreme temperatures and chemicals, particularly for people who are in close contact with pesticides as part of their work, recognising that exposure to harmful environmental factors must become a central pillar of any EU plan for cardiovascular health.

Parliament called for the implementation in the Member States of the announced Council recommendation on health checks for cardiovascular diseases and emphasised the importance of promoting education and training for healthcare professionals on the **early detection** of cardiovascular diseases, with appropriate consideration of gender-specific differences.

Lastly, it stressed that people living with cardiovascular diseases must have timely and affordable access to **high-quality, integrated, evidence-based and guideline-based care** along the full disease care pathway, including to treatment control and adherence support, as well as appropriate diagnostics and therapies.